

CLAIMS ONLY						Application Number <i>10/022 244</i>	Filing Date				
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			/				51				
2				—			52				
3				—			53				
4			/				54				
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6			/				56				
7			/				57				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			3				Total Indep				
Total Depend			5				Total Depend				
Total Claims			8				Total Claims				